



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 123400001

CITY OR TOWN STERLING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STAVAS INC

DOING BUSINESS AS THE BLACK SHEEP TAVERN

ADDRESS 261 LEOMINSTER RD.

CITY/TOWN: STERLING

STATE: MA

ZIP CODE: 01564

MANAGER: ZAHARIADIS,
CONSTANTINO

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG. DINING HALL AND KITCHEN. CELLAR FOR STORAGE. OUTSIDE DECK
ON THE NORTH SIDE OF BLDG. ALL ENTRANCES AND EXITS ON LEOMINSTER RD

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 123400003

CITY OR TOWN STERLING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: K & B, INC.,

DOING BUSINESS AS 140 RENDEZVOUS

ADDRESS RTE 140-REDEMPTION

CITY/TOWN: STERLING

STATE: MA

ZIP CODE: 01564

MANAGER: BERUBE, RUTH

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG, KITCHEN, DINING ROOM AND LOUNGE. CELLAR FOR STORAGE. ALSO AN AREA IN BACK OF BLDG FOR SERVING OUT OF DOORS IN SUMMER. ALL ENT/EXITS ON REDEMPTION ROCK TRAIL

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 123400008

CITY OR TOWN STERLING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LANPHER JOHN W

DOING BUSINESS A WEST STERLING PKG STORE

ADDRESS 238 REDEMPTION ROCK

CITY/TOWN: STERLING

STATE: MA

ZIP CODE: 01564

MANAGER: LANPHER, JOHN W.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING, TWO ROOMS, ONE FOR SALE OF RETAIL GOODS AND ONE FOR STORAGE. ALL ENTRANCE AND EXITS ON REDEMPTION ROCK TRAIL

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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DISAPPROVED: ☐

(If disapproved explain)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 123400011

CITY OR TOWN STERLING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STERLING PROPERTY MANAGEMENT

DOING BUSINESS AS STERLING NATIONAL COUNTRY CLUB

ADDRESS 33 ALBRIGHT ROAD

CITY/TOWN: STERLING

STATE: MA

ZIP CODE: 01564

MANAGER: MATTHEWS ,
JANICE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

STERLING ROOM AND FUNCTION ROOM, TO INCLUDE PATIO AS DEFINED BY BARRIER

I hereby certify and swear under penalties of perjury that:

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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 123400013

CITY OR TOWN STERLING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TPNG INC.

DOING BUSINESS AS CHOCKSETT INN

ADDRESS 59 LAURELWOOD ROAD

CITY/TOWN: STERLING

STATE: MA

ZIP CODE: 01564

MANAGER: MOORSEHEAD,
NICOLE

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 123400015

CITY OR TOWN STERLING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BARBER'S CROSSING NORTH INCORPORATED

DOING BUSINESS AS

ADDRESS 175 LEOMINSTER ROAD

CITY/TOWN: STERLING

STATE: MA

ZIP CODE: 01564

MANAGER: WALLACE, JOHN JR

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR - COACH ROOM, HOUGHTON ROOM, TRACK ROOM & BAR, PRIVATE REAR DINING ROOM, LOWER LEVEL - STABLE BAR AND LOUNGE. CHOCKSETT ROOM.

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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 123400016

CITY OR TOWN STERLING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TERRY DEAN HEINOLD

DOING BUSINESS AS TWIN OAKS RESTAURANT

ADDRESS 228 LEOMINSTER RD

CITY/TOWN: STERLING

STATE: MA

ZIP CODE: 01564

MANAGER: HEINOLD, TERRY TYPE OF LICENSE: Restaurant
D.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE ROOMS; KITCHEN, DINING ROOM AND LOUNGE. ONE STORY

I hereby certify and swear under penalties of perjury that:

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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 123400017

CITY OR TOWN STERLING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CANDICE M. WONG CORP.

DOING BUSINESS AS STERLING DELI & CONVENIENCE

ADDRESS 50 Leominster Rd, unit 2

CITY/TOWN: STERLING

STATE: MA

ZIP CODE: 01564

MANAGER: WONG, CANDICE M. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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3. the premises are now open for business (If not explain below)

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 123400018

CITY OR TOWN STERLING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JAYGOGA, CORP

DOING BUSINESS A APPLETOWN MARKET

ADDRESS 9 MAIN STREET

CITY/TOWN: STERLING

STATE: MA

ZIP CODE: 01564

MANAGER: CHIRAG J. PATEL TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MARKET WITH BEER COOLER W/ DOORS, WINE ROOM IN REAR SINGLE STORE

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By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 123400021

CITY OR TOWN STERLING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STIX ENTERPRISES, INC

DOING BUSINESS AS HARVEST GRILLE

ADDRESS 27 MAIN STREET

CITY/TOWN: STERLING

STATE: MA

ZIP CODE: 01564

MANAGER: HARRAGIN,
SUSAN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THE NORTH MOST UNIT OF THE FIRST FLOOR OF 27 MAIN STREET, A RESTAURANT WITH
A SQUARE FOOTAGE OF APPROX. 1350 SQ.FT.

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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